

Increase revenues and improve workflows with automation and customized claims edits

Hattiesburg Clinic is Mississippi's largest multispecialty clinic with over 450 physicians serving 19 counties. Claims management, patient collections and payer contract management are handled by the clinic's Financial Services Department, which includes around 70 staff members.

Challenge

Hattiesburg Clinic sought a clearinghouse vendor that could integrate customized claim edits in Epic® and provide the desired level of customer support.

Their overarching aim was to improve financial performance by reducing claim denials. To submit more clean claims initially, the clinic set specific goals to:

Meet or exceed the Epic Financial Pulse benchmark for primary denials.

Maintain accounts receivable (AR) days at 42 or less.

Decrease the turnaround time on secondary and tertiary claims, instead of waiting for the primary electronic remittance advice to be posted and balanced.

To add to their challenges, the high-performing Financial Services Department was hit by staffing shortages throughout the pandemic. This affected the clinic's financial results. Existing paper-based systems were incompatible with the sudden transition to work-from-home, so the team needed a digital solution.

“Printing claims in home office environments would not have been HIPAA-compliant, so we needed to quickly figure out which systems allowed for digital work. As some staff started seeking job opportunities that would allow them to work from home during the pandemic, we also needed to enable a more digitally oriented, virtual workforce to attract and retain the best employees.”

- Loretta McLaughlin, Assistant Director of Financial Services

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Resolution

Having worked with Experian Health in the past and been impressed with both the technology and customer service, McLaughlin thought Experian's [ClaimSource](#)® may be a good candidate for the clinic's claims platform.

"Our experience with Experian's Eligibility and Contract Manager solutions is so good, I knew that ClaimSource would be good too."

After getting the green light from leadership, the team began implementing [ClaimSource](#) onsite before the pandemic, then continued virtually as staff shifted to working from home.

"ClaimSource seemed like the right fit for the department's goals. The platform's ability to customize edits, along with the level of customer support available, really set the solution apart from the alternatives."

Results

Hattiesburg Clinic manages the entire claims cycle within [ClaimSource](#). It incorporates extensive national and local payer edits and reviews each claim for discrepancies before the claim is submitted. What made this particularly attractive was the ability to build and use customized edits. The clinic now has over 90 custom edits that help eliminate time-consuming errors, prioritize high-impact accounts and drive down denials.

Hattiesburg Clinic recognizes cash flows faster by pursuing claims from secondary and tertiary payers simultaneously, rather than awaiting adjudication of primary claims. Electronic remittance data is automatically integrated into Epic, making it easy for team members to track progress.

The team has exceeded their initial goals and achieved:

Accelerated receivables, exceeding their goal for AR days

A 6.1% primary denial rate, which exceeds the Epic Financial Pulse benchmark

Stable AR days, despite staffing shortages



Working with a trusted claims management partner

Technology is only one part of the solution. A trusted partner that delivers proactive communication and customer support is essential for streamlined implementation. The Hattiesburg team takes a creative and innovative approach to problem solving, so they welcomed the Experian Health team's collaborative and action-focused strategies.

McLaughlin says that the "onsite and virtual staff training from the Experian Health team made for a smooth transition to the new platform. Good customer experience, dedicated account managers and the ability to edit claims within Epic were key to our success."



Using automation to alleviate staffing pressures

In addition to revenue cycle improvements, ClaimSource also had a positive impact on team management and retention. [ClaimSource's](#) print fulfillment and RightFax features eliminated the need for claims to be printed out, so staff could work effectively from home. This allowed Hattiesburg Clinic to be competitive as a local employer, with over 50% of the team continuing to work from home.

Despite having fewer staff members than before the pandemic, the team has been able to maintain a consistent output thanks to the automated workflows within ClaimSource. Users have been trained to customize claims themselves, which gives them ownership over the work, and automation supports a greater throughput of clean claims, which has a direct, positive impact on AR days. These customization features were key to securing staff buy-in.

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“Through ClaimSource’s automation and level of quality work, we have had to do less manual intervention.”

What’s next for Hattiesburg Clinic?

Going forward, the team wants to build on this momentum and explore further opportunities to automate manual work. Some examples where automation could drive up efficiency include:

Creating good faith estimates for patients in Epic

Automating refund workflows

Automating bad debt workflows

The Financial Services Department’s roadmap also includes an overhaul of insurance eligibility verification processes, so patients can confirm eligibility through their patient portal. They intend to automate claim follow-ups and further optimize the claims management workflow using Experian Health’s [Enhanced Claim Status](#).

Advice for other providers looking to tackle denials

McLaughlin recommends observing trends in denials over a three-month period to identify bottlenecks and problem areas. Bringing together representatives of all revenue cycle teams will encourage collaboration and determine the most effective workflow changes. This will help uncover potential issues in claims management and across the wider revenue cycle, ultimately leading to improved processes and outcomes.

Find out more about how [ClaimSource](#) helps hospitals, health systems and physician groups reduce denials, protect profits and increase productivity through automated and scalable claims management.

About Experian Health

Physician practices, hospitals and health systems rely on Experian Health for revenue acceleration and profit gains through automation, cleaner claims submissions, fewer underpayments and a reduced cost to collect.

ClaimSource can improve revenues through reduced denials. Its scalable automation delivers increased operational efficiencies and effectiveness by prioritizing claims, payments and denials so that users can work the highest impact accounts first. Through ClaimSource, users get complete accountability across the entire claim lifecycle. Services and support are provided by experienced, claims-specific experts.

Enhanced Claim Status offers our clients an efficient, accelerated route to improve cash flow by automating claim follow-up on denied, pending, “return-to-provider” and zero-pay transactions before the electronic remittance advice and explanation of benefits are processed.

Contract Manager helps our clients validate reimbursement accuracy, recovers underpayments, simplifies contract management and streamlines workflows.